**About the Evidence-Based Program (EBP) Ranking Tool:**

The Evidence-Based Program Ranking Tool was developed by PEI to help programs move towards Evidence-Based and Promising Practice Programs. The tool allows Applicants to propose programs with an emerging research and evaluation base that may not yet have been reviewed by a traditional clearinghouse. In addition, the tool ensures fit between a program’s evidence and implementation. PEI’s research round table, a group of experts in the field of child maltreatment prevention, developed and reviewed the tool for this purpose.

**Section I: Evidence-Based Program Description**  
*All Applicants must complete this section of the ranking tool. Proposed Program Models will be evaluated for rigor and appropriateness for the goals of this procurement.*

**PART A: Basic Information**

Name of Evidence-Based Program:

Evidence-Based Program Developer/Creator:

Description of the Program:

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How did you hear about the program?

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Has this program been ranked by an Evidence-Based Clearinghouse?

□ Yes □ No

If so, which clearinghouse?

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What is the program’s current numerical rank and ranking category (Evidence-Based Practice, Psychometrics Well-Demonstrated, Promising Practice, etc.)?

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| Ranking | Ranking Category |
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Please provide the URL for the clearinghouse ranking that you referenced above:

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Why do you want to use this EBP, and which of your target populations will it be targeted towards?

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Based on the information above, who will be receiving this program and which type of service will it be used for?

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| **Section I, Part A points (1 to 5):** |  |

**Ranking Justification/Notes**

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**PART B. Training and Program Materials**

Please describe the program’s training requirements and required qualifications. Include any licensing or educational requirements needed to implement the program to fidelity and any programmatic training offered by the program developers. For programmatic training, indicate the length (in hours, days, or weeks, as applicable), frequency (one-time, annual, etc.), and mode (webinar, in-person, observational, written, etc.) of the training and whether the training is optional or required.

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Based on the information above, does your staff meet the educational, licensing, and training requirements of the program?

□ Yes, our staff meets the requirements

□ No, our staff does not meet the requirements

□ Our staff does not currently meet the requirements, but we have a training plan to meet the requirements (describe below)

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Please provide a brief description of and links to (or attachments of) the program’s written program materials. Include the types of materials available, including written guidance on program administration and practice protocol:

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**Ranking (For PEI use only):** (Select all that apply)

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| **Section I, Part B points (1 to 5):** |  |

**Ranking Justification/Notes**

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**Section II: Evidence Based Program Ranking**

*This section should be completed by Applicants proposing an Evidence-Based or Promising Practice Program that has not already been approved by PEI. Approved Evidence-Based or Promising Practice Programs are listed in the tool’s appendix (starting on p. 10).*

**PART A. Theoretical Basis**

Please provide a brief description of and a link to (or attachment of) the program’s logic model or conceptual framework:

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**Ranking (For PEI use only):** (Select all that apply)

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| **Section II, Part A points (1 to 4):** |  |

**Ranking Justification/Notes**

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**PART B: Program Replication**

Please provide a brief description of and links to (or attachments of) information related to program replication. Include information on how frequently the program has been replicated and where/for whom it has been replicated.

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**Ranking (For PEI use only):**

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| **Section II, Part B points (1 to 5):** |  |

**Ranking Justification/Notes:**

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**PART C: Outcomes of Intervention**

Please provide a brief description of and a link to (or attachment of) research illustrating the outcomes of the program. Include a description of the outcomes, the target population for whom the outcomes were illustrated, the length over which the tested outcomes were illustrated or sustained in the research, and why you believe the outcomes are relevant to your proposed program.

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**Ranking (For PEI use only):**

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| **Section II, Part C points (1 to 10):** |  |

**Ranking Justification/Notes**

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**Part D: Publication of Evaluations**

Please provide a brief description of and link to (or attachment of) the most relevant published evaluation research of the program. Please prioritize research that has been published in peer-reviewed literature and conducted by an external evaluator within the past five to ten years. Make sure to include details on the research design and the methodologies used in the research.

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**Ranking (For PEI use only):**

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| **Section II, Part D points (1 to 17):** |  |

**Ranking Justification/Notes**

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**Section III: Required Components:**

In addition to the information above, please include anything additional that is needed to illustrate that the program is involved in continuous improvement and would not constitute a risk of harm to those who would receive it. (Include links or attachments as appropriate).

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**Evaluation of Required Criteria (For PEI use only):**

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| **Section III, Part A points (1 to 5):** |  |

**Evaluation Criteria/Notes:**

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**Evaluation Criteria/Notes (continued):**

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Appendix I: List of PEI’s Approved Evidence-Based and Promising Practices

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| **Name of Program** | | **AVANCE Parent-Child Education Program (PCEP)** |
| **Description** | | AVANCE’s philosophy is based on the premise that education must begin in the home and that the parent is  the child’s first and most important teacher. The ***PCEP*** fosters parenting knowledge and skills through a nine- month, intensive bilingual parenting curriculum that aims to have a direct impact on a young child’s physical, emotional, social, and cognitive development. Parents/primary caregivers are taught how to make toys out of common household materials and how to use them as tools to teach their children school readiness skills and concepts. Monthly home visits are also conducted to observe parent-child interactions and provide guidance in the home on learning through play. Along with the parenting education component, parents/primary caregivers are supported in meeting their personal growth, developmental and educational goals to foster economic stability. While parents/primary caregivers attend classes, their children under the age of three are provided with early childhood enrichment in a developmentally appropriate classroom setting which aims to build the academic, social, and physical foundation necessary for school readiness. |
| **Target**  **Population** | | Parents/primary caregivers with children from birth to age three, pregnant women and/or partners of  pregnant women, especially those with challenges such as poverty; illiteracy; teen parenthood; geographic and social marginalization; and toxic stress |
| **Age Range** | | 0-3 |
| **Recommended**  **Dosage** | | Weekly three-hour classes comprised of 27 bilingual parenting lessons, toy making classes and a community  education speaker |
| **Setting** | | Home, Community Agency, School |
| **Name of Program** | **Effective Black Parenting (EBPP)** |
| **Description** | EBPP is a parenting skill-building program created specifically for parents of African-American children. It was originally designed as a 15-session program to be used with small groups of parents. A one-day seminar version of the program for large numbers of parents has been created. ***EBPP*** is disseminated via instructor training workshops conducted nationwide. |
| **Target Population** | African-American families at risk for child maltreatment |
| **Age Range** | 0-17 |
| **Recommended**  **Dosage** | Weekly three-hour sessions or one-day 6.5 hours abbreviated seminar version. 15 weeks total including a  session for graduation and testifying; just one-day for the abbreviated seminar version |
| **Setting** | Home, Community Agency, Foster/ Kinship Care, Outpatient Care |
| **Name of Program** | Family Connections |
| **Description** | Family Connections is a multifaceted, community-based service program that works with families in their homes and in the context of their neighborhoods to help them meet the basic needs of their children and prevent child maltreatment. Nine practice principles guide ***FC*** interventions: ecological developmental framework; community outreach; individualized family assessment and tailored interventions; helping alliance; empowerment principles; strengths-based practice; cultural competence; outcome-driven service plans with SMART goals; and a focus on the competence of the practitioner. Individualized family intervention is geared to increase protective factors, decrease risk factors, and target child safety, well-being, and permanency outcomes. |
| **Target** **Population** | Families at risk for child maltreatment |
| **Age Range** | 0-17 |
| **Recommended**  **Dosage** | A minimum of one hour of face-to-face contact between the social worker and clients weekly; 3-4 months with  an optional 90-day extension if needed |
| **Setting** | Birth Family Home, Community Agency |
| **Name of Program** | **Home Instruction for Parents of Preschool Youngsters (HIPPY)** |
| **Description** | HIPPY is a home-based and parent-involved school readiness program that helps parents prepare their children ages three to five years old for success in school and beyond. The parent is provided with a set of carefully developed curriculum, books, and materials designed to strengthen their child’s cognitive and early literacy skills, as well as their social, emotional, and physical development. The ***HIPPY*** Curriculum contains 30 weekly activity packets, a set of storybooks, and a set of 20 manipulative shapes for each year. In addition to these basic materials, supplies such as scissors and crayons are provided for each participating family. The program uses trained coordinators and community-based home visitors who go into the home. These coordinators and home visitors role-play the activities with the parents and support each family throughout its participation in the program. |
| **Target** P**opulation** | Parents who have young children and have limited formal education and resources |
| **Age Range** | 3-5 |
| **Recommended Dosage** | Home visitors engage their assigned parents on a weekly basis. A home visit consists of a one-hour, one-on- one interaction. Parents then engage their children in educational activities for five days per week for 30 weeks. At least six times per year, one or more cohorts of parents meet in a group setting with the coordinator and their assigned home visitor(s). Last approximately two hours. A minimum of 30 weeks of interaction with the home visitor; curriculum available for up to three years of home visiting services. |
| **Setting** | Home; Kinship/ Foster Care |
| **Name of Program** | **Incredible Years** |
| **Description** | The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations. For treatment version, the Advance Parent Program is recommended as a supplemental program. Basic plus Advance takes 26-30 weeks. |
| **Target** **Population** | Parents, teachers, and children |
| **Age Range** | 4-8 |
| **Recommended**  **Dosage** | One two-hour session per week (parent and child component); classroom program: 2-3 times weekly for 60 lessons; teacher sessions can be completed in 5-6 full-day workshops or 18-21 two-hour sessions. The Basic Parent Training Program: 14 weeks for prevention populations, 18 - 20 weeks for treatment. The Child Training Program: 18-22 weeks. The Child Prevention Program is 20 to 30 weeks and may be spaced over two years. The Teachers Program is 5 to 6 full-day workshops spaced over 6 to 8 months. |
| **Setting** | Birth Family Home, Community Agency, Community Daily Living Settings, Foster/Kinship Care, Hospital,  Outpatient Clinic, Religious Organization, School, Workplace, Primary Care Settings Serving Children |
| **Name of Program** | **Nurse-Family Partnership (NFP)** |
| **Description** | The Nurse-Family Partnership (NFP) program provides home visits by registered nurses to first-time, low- income mothers, beginning during pregnancy and continuing through the child’s second birthday. Clients are able to participate in the program for two-and-a-half years and the program is voluntary. |
| **Target** **Population** | First-time, low-income mothers (no previous live births) |
| **Age Range** | 0-2 |
| **Recommended**  **Dosage** | Ideally, nurses begin 60-90-minute visits with pregnant mothers early in their pregnancy (about 16 week’s gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week through the child's first birthday. Visits continue on an every-other-week basis until the baby is 20 months. The last four visits are monthly until the child is two years old. Nurses use their professional nursing judgment and increase or decrease the frequency and length of visits based on the client's needs. |
| **Setting** | Home, Community Agency |
| **Name of Program** | **Nurturing Parenting** |
| **Description** | The Nurturing Parenting Program for Parents and their School Age Children 5 to 12 Years is a 15-session  program that is group-based, and family-centered. Parents and their children attend separate groups that meet concurrently. Each session is scheduled for 2.5 hours with a 20-minute break in which parents and children get together and have fun. |
| **Target**  **Population** | Families who have been reported to the child welfare system for child maltreatment including physical and  emotional maltreatment in addition to child neglect; may be used as a court-ordered parenting program |
| **Age Range** | 5-12 |
| **Recommended**  **Dosage** | 2.5 hour long weekly session for 15 weeks. |
| **Setting** | Community Agency |
| **Name of Program** | | **Parenting Wisely** |
| **Description** | | Parenting Wisely is a self-administered, highly interactive computer-based program that teaches parents and children, ages 9-18, skills to improve their relationships and decrease conflict through support and behavior management. The program utilizes a DVD for group administration or an interactive online program for individual administration with ten video scenarios depicting common challenges with adolescents. Parents are provided the choice of three solutions to these challenges and can view the scenarios enacted, while receiving feedback about each choice. Parents are quizzed periodically throughout the program and receive feedback. The program operates as a supportive tutor pointing out typical errors parents make and highlighting new skills that will help them resolve problems. Computer experience or literacy is not required. Parents and children can use the program together as a family intervention. The Parenting Wisely program uses a risk-focused approach to reduce family conflict and child behavior problems and improve the quality of parent-child relationships. |
| **Target** **Population** | | Families with children at risk for or with: behavior problems, substance abuse problems, or delinquency |
| **Age Range** | | 9-18 |
| **Recommended**  **Dosage** | | 3-5 hours to complete (in two-week period) and should be viewed twice in a six-month period. For group administration, the program can be completed in 5-10 group sessions. |
| **Setting** | | Home, Community Agency, Foster/ Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School |
| **Name of Program** | | **Parents as Teachers (PAT)** |
| **Description** | | Parents as Teachers is an early childhood parent education, family support, and school readiness home visiting model based on the premise that "all children will learn, grow, and develop to realize their full potential." Based on theories of human ecology, empowerment, self-efficacy, attribution, and developmental parenting. Parents as Teachers involves the training and certification of parent educators who work with families using a comprehensive curriculum. Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn. |
| **Target** **Population** | | Families with an expectant mother or parents of children up to kindergarten entry (usually 5 years) |
| **Age Range** | | 0-5 |
| **Recommended**  **Dosage** | | 2 years per family |
| **Setting** | | Adoptive Home; Birth Family Home; Child Care Center; Community Agency; Foster/Kinship Care; Outpatient Clinic; School |

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| **Name of Program** | **Period of Purple Crying** |
| **Description** | The Period of PURPLE Crying program is the name given to the Shaken Baby Syndrome (SBS) prevention program developed by National Center on Shaken Baby Syndrome. The program educates parents and caretakers on normal infant crying, the most common trigger for shaking an infant. It was designed to be used primarily in universal, primary prevention settings, but is applicable to secondary prevention as well. |
| **Target**  **Population** | All mothers and fathers of infants up to 5 months of age and society in general in their understanding of early  increased infant crying and shaken baby syndrome |
| **Age Range** | 0-0 |
| **Recommended**  **Dosage** | Three 3-10-minute contacts; over 3 months |
| **Setting** | Home; hospital; primary care provider |

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| **Name of Program** | **SafeCare** |
| **Description** | SafeCare® is an in-home parent training program that targets risk factors for child neglect and physical abuse in which parents are taught skills in three module areas: (1) how to interact in a positive manner with their children, to plan activities, and respond appropriately to challenging child behaviors, (2) to recognize hazards in the home in order to improve the home environment, and (3) to recognize and respond to symptoms of illness and injury, in addition to keeping good health records. All three modules should be used in the implementation of SafeCare®; any modifications to or elimination of modules need to be discussed with the program developers. |
| **Target Population** | Parents at-risk for child neglect and/or abuse and parents with a history of child neglect and/or abuse |
| **Age Range** | 0-5 |
| **Recommended**  **Dosage** | Weekly sessions 1-1.5 hours; 18-20 weeks |
| **Setting** | Adoptive Home, Birth Family Home, Foster/ Kinship Care |

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| **Name of Program** | **Safe Environment for Every Kid (SEEK) Model** |
| **Description** | SEEK is designed to support medical professionals in the identification and management of targeted risk factors for child maltreatment for families with children aged 0-5. The program trains health professionals (pediatricians and social workers) to assess and provide referrals to community resources. |
| **Target Population** | Families with children aged 0-5 years who have risk factors for child maltreatment such as parental depression or substance abuse |
| **Age Range** | 0-5 |
| **Recommended**  **Dosage** | Assessed at each checkup starting at 2 months - 5 years. |
| **Setting** | Pediatric Physician's Office |

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| **Name of Program** | **Stewards of Children** |
| **Description** | The Stewards of Children program is a 2-hour training that teaches adults how to prevent, recognize, and react responsibly to child sexual abuse. It integrates commentary from sexual abuse survivors, experts in the field, and other concerned adults, all providing practical guidance for preventing and responding to child sexual abuse. It is available in both a facilitator-led and online model. |
| **Target** **Population** | Staff and volunteers of schools and other youth-serving organizations, parents/caregivers, and concerned adults |
| **Age Range** | 18+ |
| **Recommended**  **Dosage** | 2-hour training; One-time |
| **Setting** | Home, Community Agency, Foster/ Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School |

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| **Name of Program** | **Systemic Training for Effective Parenting (STEP)** |
| **Description** | STEP is a multicomponent parenting education curriculum. The three STEP programs help parents learn effective ways to relate to their children from birth through adolescence by using parent education study groups. By identifying the purposes of children's behavior, STEP also helps parents learn how to encourage cooperative behavior in their children and how not to reinforce unacceptable behaviors. STEP also helps parents change dysfunctional and destructive relationships with their children by offering concrete alternatives to abusive and ineffective methods of discipline and control. STEP is offered in three separate programs covering early childhood, children ages seven through twelve, and teenagers. Each program contains a leader's resource guide, promotional tools, videos and parent handbooks. |
| **Target Population** | Parents of children - birth through adolescence |
| **Age Range** | 0-17 |
| **Recommended**  **Dosage** | Weekly sessions, 60-90 minutes each for 7 weeks |
| **Setting** | Adoptive Home, Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic,  Residential Care Facility, School |

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| **Name of Program** | **Teaching-Family Model (TFM)** |
| **Description** | TFM is a unique approach to human services characterized by clearly defined goals, integrated support systems, and a set of essential elements. TFM has been applied in residential group homes, home-based services, foster care and treatment foster care, schools, and psychiatric institutions. The model uses a married couple or other “teaching parents” to offer a family-like environment in the residence. The teaching parents help with learning living skills and positive interpersonal interaction skills. They are also involved with children’s parents, teachers, and other support network to help maintain progress. |
| **Target Population** | Youth who are at-risk, juvenile delinquents, in foster care, mentally retarded/developmentally disabled, or severely emotionally disturbed; families at risk of having children removed |
| **Age Range** | 0-17 |
| **Recommended**  **Dosage** | Residential settings: 24/7. Home-based interventions: 10-15 sessions weekly for 6-10 weeks. 9 months optimal |
| **Setting** | Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School |

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| **Name of Program** | **Triple P - Positive Parenting Program** |
| **Description** | Level 4 Triple P is one of the five levels of the Triple P - Positive Parenting Program® System which is also highlighted on the CEBC. Level 4 Triple P helps parents learn strategies that promote social competence and self- regulation in children as well as decrease problem behavior. Parents are encouraged to develop a parenting plan that makes use of a variety of Level 4 Triple P strategies and tools. Parents are then asked to practice their parenting plan with their children. During the course of the program, parents are encouraged to keep track of their children’s behavior, as well as their own behavior, and to reflect on what is working with their parenting plan and what is not working so well. They then work with their practitioner to fine tune their plan. Level 4 Triple P practitioners are trained to work with parents’ strengths and to provide a supportive, non-judgmental environment where a parent can continually improve their parenting skills. Level 4 Triple P is offered in several different formats (e.g., individual, group, self-directed, and online). The CEBC evaluated the standard version of Level 4 Triple P as described above and not any other variations (including early teen versions or those for children with developmental delays). |
| **Target Population** | For parents and caregivers of children and adolescents from birth to 12 years old with moderate to severe  behavioral and/or emotional difficulties or for parents that are motivated to gain a more in-depth understanding of positive parenting |
| **Age Range** | 0-12 |
| **Recommended**  **Dosage** | Any of the following: 1) Three group versions; 5 two-hour group sessions and 3 twenty-minute individual telephone consultations for each family offered over 8 consecutive weeks; 2) An online version; 8 self-paced online modules; 3) Self-directed workbook; self-paced; or 4) Three individual or standard versions;10 one-hour sessions that occur weekly. Program interventions typically take place over 2-3 months. |
| **Setting** | Adoptive Home, Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic,  Residential Care Facility, School |